

Select Sensibly: A Pilot Educational Initiative for Reduction of Surgical Supply Expense

Khang T. Nguyen, M.D; Nirmal S. Pandya, M.H.A.; Benjamin D. Smith, B.S.; James P. Bradley, M.D.; Scot B. Glasberg, M.D.; David H. Song, M.D., M.B.A; Armen K. Kasabian, M.D.; Neil Tanna, M.D., M.B.A.

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INTRODUCTION: Surgical supplies and medical devices represent a significant cost for departments and hospitals. The authors assess a pilot cost education initiative delivered at the point-of-care and evaluate its impact on surgical supply usage among plastic surgeons.

METHODS: During the study period, from July to December 2014, the costs of routinely used skin adhesives were prominently displayed at scrub stations and outside operating rooms at a large, 524-bed, tertiary care hospital. Skin adhesive utilization was prospectively evaluated and compared to previous use.

RESULTS: Relative costs for Benzoin (3M), Dermabond (Ethicon), and Prineo (Ethicon) were 1 unit, 47.4 units, and 313.9 units, respectively. Before the study period (2013 to 2014), the institution noted a significant increase in usage of the more expensive adhesives (Benzoin 36%, Dermabond 280%, Prineo 154%). Following implementation of the pilot program (July-December 2014 compared to July-December 2013), Benzoin use decreased by 6%, Dermabond usage increased 72%, and Prineo usage remained unchanged. Of note, during the study period (July-December 2014), there was a 21.0% growth in plastic surgery case volume, when compared to the corresponding period in 2013.

DISCUSSION: There was a tremendous rise in costs associated with skin adhesive usage in 2014, when compared to 2013. However, much of this increase occurred in the first half of the year, prior to implementation of the cost-reduction educational initiative. Data from the study period suggest that passive education at the point-of-care can shape plastic surgeon preferences. Despite increasing surgical case volume, the stability of Prineo use and relatively smaller growth of Dermabond use during the pilot period suggest that plastic surgeons may be willing to limit overall usage of surgical supplies or choose more cost-effective alternatives when aware of costs. These results also suggest that surgeons are well versed in the indications for surgical supplies, but may lack knowledge of their cost at the institutional and payer levels.

Conclusion: Increasing awareness of costs associated with surgical supplies can shape usage patterns at the plastic surgical practice or institutional levels.